

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18906

State File No.

Registrar's No. 92

Registration District No. 316

Primary Registration District No. 6068

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town St. Joe
(c) Name of hospital or institution: B. R. R. Hosp.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN H. MONTGOMERY

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 3 Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased January 19 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 29 hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Farmer

11. Industry or business

12. Name J. W. Montgomery

13. Birthplace Perry Co. Missouri
(City, town or county) (State or foreign country)

14. Maiden name Sarah Wahn

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carrollus Mahery

(b) Address Bonne Terre MO

17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Fld Burial

18. (a) Signature of funeral director Bentham & Co

(b) Address 313 Bentham Bonne Terre MO

19. (a) May 29-1943 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from May 17th 1943 to May 18th 1943
that I last saw him alive on May 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic -
ascorbic Duration known

Due to unknown

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. L. Evans (M. D. or other)

Address Bonne Terre MO Date signed 5-20-43

RECEIVED

District Health Officer No. 4

District File Number 643-22

Date Filed 6-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3706

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.